

# Business Credential Application

**Remit to:**  
**State of Wisconsin**  
**Department of Commerce-Credentialing**  
**P.O. Box 78780**  
**Milwaukee WI 53293-0780**  
*Phone (608) 261-8467*  
**TTY: Contact Through Relay**  
*7:45 a.m. - 4:30 p.m.*  
*E-mail: madisoncred@commerce.state.wi.us*

☐ If you do not want your business phone number listed on our website, please check the box.

## Instructions:

- ☐ 1. Complete the application; sign and date the form.
- ☐ 2. Enter the FEIN number of business or social security number of applicant.
- ☐ 3. Attach the specified fee and any documents specified on the following pages. Make checks payable to: Department of Commerce.
- ☐ 4. If this form was pre-printed with your business, please review and clearly print corrections or new information where needed in red ink.
- ☐ 5. **Make a photocopy of the completed application for your records.**

<b>Business Information</b>	<b>Contact Person Information</b>
Federal Employer Identification Number (FEIN):	Social Security Number:
Business Name:	Individual's Name :
No. & Street, or P.O. Box:	Address No. & Street, or P.O. Box:
City, Town or Village, State, Zip + 4 Code:	City, Town or Village, State, Zip + 4 Code:
Country, If Other Than United States:	Country, If Other Than United States:
Business Telephone No. (include area code):	Telephone No. (include area code):
If Available, Business Fax No. (include area code):	

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

\*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mo/day/yr)

**Send application and payment to:** State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

**Overnight mail delivery and Office location:** State of Wisconsin, Department of Commerce-Credentialing, 201 W. Washington Ave., Madison, WI 53703

**All other correspondence:** Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

## ELECTRICAL CONTRACTOR CERTIFICATION

**Application and Credential Fee (nonrefundable):**

class code 7631

Make checks payable to: Department of Commerce. The fee consists of a \$35 application fee and a credential fee of \$200. The \$200 credential fee has been prorated because the credential expires on a specific date. The credential will be effective for 4 years from June 30<sup>th</sup>.

Month Application is mailed	Fee	Month Application is mailed	Fee	Month Application is mailed	Fee
January	\$210.04	May	\$193.40	September	\$226.68
February	\$205.88	June	\$189.24	October	\$222.52
March	\$201.72	July	\$235.00	November	\$218.36
April	\$197.56	August	\$230.84	December	\$214.20

Record the amount of the fee you will be sending in the box below:

**Fee Submitted (nonrefundable):**    \$     class code 7631

\* **Notice** Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

**Reason for Credential:** A person who holds a credential issued by the department as a Wisconsin certified electrical contractor, Wisconsin certified electrical contractor-restricted, Wisconsin certified master electrician, Wisconsin certified journeyman electrician or Wisconsin certified beginning electrician may perform electrical construction work in a Wisconsin municipality which requires licensure to perform electrical work pursuant to s. 101.87 (2) to (4), Stats., and in accordance with local ordinances. Chapter Comm 5 establishes a statewide certification of electricians in various classes, master, journeyman and beginning, recognizing their knowledge and abilities. When an electrician certification is required and what category of certification is needed are determined by individual municipalities. See s. 101.87 (2) and (4), Stats., relating to municipal requirements for electrical contractors.

**Requirements of Credential:** No person may advertise as a Wisconsin certified electrical contractor, Wisconsin certified master electrician, Wisconsin certified journeyman electrician or Wisconsin certified beginning electrician unless the person holds the appropriate credential.

Pursuant to s. 101.87, Stats., a person who holds a Wisconsin electrical contractor certification shall be a Wisconsin certified master electrician or employ one or more Wisconsin certified master electricians.

Wis. State Master Electrician License Number	Print Name	Signature

For any electrical installation that requires a uniform building permit under s. Comm 20.08, a person who holds a Wisconsin electrical contractor certification may not commence installation of electrical wiring until a permit is issued for the installation.

**Qualifications for Credential:** Pursuant to s. 101.87 (1), Stats., a person applying for an electrical contractor certification shall provide all of the following:

- Their social security number.
- Their worker's compensation number.
- Their unemployment insurance account number.
- Their state tax identification number.
- Their federal tax identification number.
- The name and address of each partner or member if they are partnerships or limited liability companies, of the owner if they are individual proprietorships and of the officers if the companies are corporations.

**Fill** in the social security number of the applicant on the front of this form. **Fill** in the worker's compensation number, unemployment insurance account number, the state tax identification number and the federal tax identification number or the reason why the information is not provided in the table below:

Worker's Compensation Number:	State Tax Identification Number (State Employer Number):
Unemployment Insurance Account Number:	Federal Tax Identification Number:

**Fill** in the names and addresses for owners, partners, members and officers in the table below (use additional sheets of paper if necessary):

Name and addresses of (check one):	<input type="checkbox"/> Partners or members of partnerships or limited liability companies <input type="checkbox"/> Officers of Corporations <input type="checkbox"/> Owner of individual proprietorship
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**Unemployment Compensation Requirements:** By signing this form, the applicant is attesting that the business is making contributions or paying taxes required as Wisconsin unemployment compensation contributions under ch. 108, Stats., or federal unemployment compensation taxes under 26 USC 3301 to 3311. If unsure whether unemployment compensation contributions/taxes are required for the business, call Unemployment Compensation Division @ (608) 261-6700.

**Worker's Compensation Requirements:** By signing this form the applicant is attesting that the business, if required under s. 102.28 (2), Stats., has in force a policy of worker's compensation insurance issued by an insurer authorized to do business in Wisconsin or is self-insured in accordance with s. 102.28 (2), Stats. If unsure whether worker's compensation insurance or self insurance for worker's compensation is required for the business, call Worker's Compensation Division @ (608) 266-1340.